

Agency Referral

Date:	- 1	,	
Date.	-	,	

Young Person's De	tans.					
Name of Young Pers	on:			Date of Birth: _		
Gender Identity:	Sex assigned at birth:		Pronour	Pronoun:		
Do they identify as:	Aboriginal	Torres Strait Islander	☐ Both ☐	Other 🗌 _		
Address:				Suburb:		
Post Code:		Email:				
Contact numbers:	Mobile:	Mobile: Home Phone:				
Is the young person (headspace is not a crisis re		s or at risk to self or o sider an alternative referral)	thers?			
Consent - Has the yo	ung person agre	eed to this referral? (he	adspace requires your	ng person's consent)	Yes 🗌	
Contact preferences	and availability:	 pecific. Can we call while at so	chool or work? Do they	have a day or time th	nat is best for contact	
Consent to contact y	•		shoot of work. Do they	navo a day or amo a		
		nail: Yes No No				
Mail: Yes No	Email:	Yes 🗌 No 🗌	Txt reminders	to		
(If under the age of 16 Consent for Parent/G	S years parent/gua	you are accessing sup ardian consent may be noted a	required) Ye	s No No	•	
Name:		Relationship:	Cont	act number:		
Medicare Information						
NB: If a young person is 15	or over, they can app	Reference No: y for their own Medicare card			_ □ On file	
Referral Source: Y	oung Person 🗌	Family/Friend	gency 🗌 Othe	er		
Details of Referrer	Name:		Email:			
Agency/Other:			Contact Number	er:		
	PLEASE FO	RWARD ANY AVAILA	BLE DOCUMENT	ATION		
Attached: Referral Let	ter Discharg	e Summary 🔲 Menta	l Health Plan □	Notes Assess	sment 🗌	
Has the YP received a	ssistance from ot	her mental health servic	ces prior to this ref	erral? Yes	No 🗌	
Is the YP currently rec	eiving assistance	from another mental he	ealth service?	Yes 🗌	No 🗌 .	
Details of organisation	, contact person a	and hone details, suppo	rt received and co	nsent to contact		

Updated: 11/06/2018 - Revised

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Yes ☐ No ☐ N/A ☐ (please provide details)

Have you referred this young person to any other service?

- All referrals will be considered, however if the young person is better suited to an alternative support option **headspace** Mandurah will attempt to notify the referring agency with the recommendations.
- On receipt of this form, **headspace** Mandurah will contact the young person to discuss support options available.
- With consent from the young person, **headspace** Mandurah will advise the referring agency of the young person making an initial appointment.
- If headspace Mandurah is unable to contact the young person, they will notify the referring agency.
- If you need further information, please contact headspace Mandurah on (08) 6595 8990.
- Please forward completed this form and all supporting documentation to **headspace** Mandurah by fax (08) 6316 3355 or email hello@headspaceman.com.au.
- We are unable to provide psychological assessments or reports for another purpose (e.g. in relation to Workers Compensation, Centrelink or Family Court matters).

Updated: 11/06/2018 - Revised